

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

(10) 598062

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7		1				
8	6					
9	6					
10	6					
11	6					
12	6					
13	6					
14	6					
15	6					
16	6					
17	6					
18	6					
19	6					
20	6					
21	6					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	3					
35	3					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67					1	
68						
69						
70						
71						
72						
73						
74					1	
75						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						